

11/15/05 (131)

INMATE COMPATABILITY STATEMENTDate: 4/11/05STATEMENTINMATE: Marshall Jones B/229797

I do certify by my signature below that any differences or problems between myself and Inmate Richard Wright have been resolved. I further state that should any further problems arise between the above named inmate, and myself I will contact the nearest Correctional Officer and request assistance. I certify that I will not attempt to take any actions on my own. I have been informed that any further confrontation pertaining to this matter will result in disciplinary action being taken or me being placed in segregation. I do make the above statements of my own free will without any coercion, promises, or any threats being made to me by anyone.

Marshall Jones (229797)
Inmate's Name & AIS Number

STATEMENTINMATE: Richard Wright B/187140

I do certify by my signature below that any differences or problems between myself and Inmate Marshall Jones have been resolved. I further state that should any further problems arise between myself and the above named inmate, I will contact the nearest Correctional Officer and request assistance. I certify that I will not attempt to take any actions on my own. I have been informed that any further confrontation pertaining to this matter will result in disciplinary action being taken or me being placed in segregation. I do make the above statements of my own free will without any coercion, promises or any threats being made to me by anyone.

Refused to sign.
Inmate's Name & AIS Number

OFFICER'S SUMMARY OF INCIDENT:

Inmate Wright states that Jones & He shared a seg cell at Bullard. Inmate Jones never threatened him but made indirect threats by stating what Jones did to another inmate. They were both moved to VCC sat & talked together for several days w/ no problem. Then Wright got nervous.
(Note: If additional space is needed, use reverse side)

Mark Stettin
Counseling Officer

M. Jerry Mark
Witnessing Officer

4-11-05

Exhibit (1A)

11/15105(130)

STATE OF ALABAMA
DEPARTMENT OF CORRECTIONS
VENTRESS CORRECTIONAL FACILITY

TO: Chairman
Institutional Enemies Validation Committee
Ventress Correctional Facility

FROM: Classification


RE: ~~RICHARD WRIGHT~~ B/437140

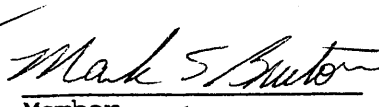
In accordance with Special Order #435, the following names are submitted for your review as being the named enemies of the above captioned individual. Please review as appropriate and advise the classification coordinator as to the validity of this claim.

MARSHALL JONES B/229797

DATE: 4/11/05

After a judicious review of this matter including a file review and an interview with the inmate in question, the following is the decision of this board: ON 4/11/05 INMATE WRIGHT MADE THIS STATEMENT TO SGT. SEALS AND MARK BRUTON, CLASS. SUPV. INMATE WRIGHT STATED THAT INMATE JONES AND HE SHARED A SEG CELL OVER AT BULLOCK TOGEATHER (CONFIRMED). INMATE WRIGHT ALSO STATED THAT INMATE JONES NEVER THREATENED HIM NOR DID THEY EVER HAVE A PHYSICAL CONFRONTATION WITH EACH OTHER. THEY WERE BOTH TRANSFERRED TOGEATHER OVER TO VENTRESS ON 3/4/05 AND REMAINED IN POPULATION TOGEATHER UNTIL 3/17/05 WHEN INMATE WRIGHT STATED THAT INMATE JONES WAS HIS ENEMY. DURING THE 13 DAYS THAT THEY WERE BOTH HERE AT VENTRESS TOGEATHER, INMATE WRIGHT STATED THAT THEY SAT AT THE SAME DINING ROOM TABLE ATE TOGEATHER AND TALKED. HOWEVER, ON 3/17/05 INMATE JONES AGAIN TALKED ABOUT WHAT HE HAD DONE TO ANOTHER INMATE AT BULLOCK AND INMATE WRIGHT TOOK IT AS AN INDIRECT THREAT TO HIM. INMATE JONES HAS SIGNED A COMPATABILITY STATEMENT. INMATE WRIGHT REFUSES TO SIGN IT BUT DID STATE HE DIDN'T WANT ANY TROUBLES AND WOULD NOT GET INTO A PHYSICAL CONFRONTATION WITH INMATE JONES. NO ENEMY SITUATION EXISTS


Chairman


Member

Class. Supv.
4/11/05

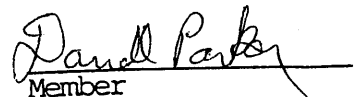

Member

Exhibit (2 A)

(101)

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Wright, Richard

AIS NO:

CELL: # 8

VIOLATION

OR REASON:

31 assault on another inmate

ADMITTANCE

AUTHORIZED BY:

Lt. M. Palmer

DATE & TIME

RECEIVED:

11-3-04 @ 10:40 pm

DATE & TIME

RELEASED:

PERTINENT

INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
MON										
	MORN									
	DAY									
	EVE									
TUE										
11/3/04	MORN									
	DAY									
	EVE	n			n	n	n	n	n	m. Fitzpatrick col
WED										
11/4/04	MORN	y			n	n	n	n	n	m. Fitzpatrick col
	DAY	y	y		n	n	n	n	n	S. Smart col
	EVE			y	n	n	n	n	n	Shops col
THUR										
11/5	MORN	y			n	n	n	n	n	Julia Ellis
	DAY	y	y		n	n	n	n	n	S. Smart col
	EVE			y	n	n	n	n	n	Shops col
FRI										
11/6	MORN	n			n	n	n	n	n	H. Johnson col
	DAY	y	y		n	n	n	n	n	Shops col
	EVE			y	n	n	n	n	n	Shops col
SAT										
11/7	MORN	n			n	n	n	n	n	C. Young col
	DAY	y	-		n	n	n	n	n	Shops col
	EVE			y	n	n	n	n	n	Shops col
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (In/Out)

9:30/10:00 IN; 2:00/2:30 OUT

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

NOT FOR PROFESSIONAL USE ONLY
 CONFIDENTIAL RECORD
 NOT TO BE PHOTO COPIED

Exhibit (3A)

PRISON HEALTH SERVICES SEGREGATION LOG

Name: Wright, Richard AIS 187140 DOB 187140 UNIT 4 YEAR 2004

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY																															
JUNE																															
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

2/16 10:30 / 10:35
Ment to Rec MD

FOR PROFESSIONAL USE ONLY
CONFIDENTIAL RECORD
NOT TO BE PHOTOCOPIED

KEY: M - MEDICAL
D - DENTAL
P - PSYCHIATRIC
N/C - NO COMPLAINTS

NURSES SIGN AND INITIAL

Kim K
CS [Signature]
[Signature]
Sam S [Signature]

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

VIOLATION #
OR REASON:DATE & TIME
RECEIVED:PERTINENT
INFORMATION:

AIS NO:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

RELEASED:

CELL: #

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/29	MORN	Y			NO	NO	L. Underp	NO	0 med	Julia Ellery
	DAY		N		NO	9:45-8:30	W. S. S.	NO	0 med	R. S. S.
	EVE			Y	N	N	V. S. S.	N	0 med	R. S. S.
MON										
11/30	MORN	Y			N	N	M. S. S.	N	0 med	Julia Ellery
	DAY		N		N	12:00-12:45	W. S. S.	N	0 med	R. S. S.
	EVE			Y	N	NO	W. S. S.	NO	0 med	R. S. S.
TUE										
12/1	MORN	Y			NO	NO	M. S. S.	NO	0 med	Julia Ellery
	DAY		N		N	N	W. S. S.	N	0 med	R. S. S.
	EVE			Y	N	N	W. S. S.	N	NO med	R. S. S.
WED										
12/2	MORN	Y			NO	NO	M. S. S.	NO	0 med	Julia Ellery
	DAY		N		N	Refused	W. S. S.	N	0 med	R. S. S.
	EVE			Y	N	N	W. S. S.	N	0 med	R. S. S.
THUR										
12/3	MORN	Y			NO	NO	M. S. S.	NO	0 med	Julia Ellery
	DAY		N		N	Refused	W. S. S.	N	0 med	R. S. S.
	EVE			Y	N	N	W. S. S.	N	0 med	R. S. S.
FRI										
12/4	MORN	Y			N	N	L. Underp	N	0 med	R. S. S.
	DAY		N		N	N	W. S. S.	N	0 med	R. S. S.
	EVE			Y	N	N	W. S. S.	N	0 med	R. S. S.
SAT										
12/5	MORN	N			N	N	M. S. S.	N	0 med	R. S. S.
	DAY	Y			NO	Refused	W. S. S.	NO	0 med	R. S. S.
	EVE			Y	R	N	W. S. S.	N	0 med	R. S. S.
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit (4A)

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

VIOLATION

OR REASON:

DATE & TIME

RECEIVED:

PERTINENT

INFORMATION:

AIS NO:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

RELEASED:

CELL: #

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/3	MORN	Y			NO	NO	NO	NO	Med	Julia Ellsby
	DAY		N		NO	NO	NO	N	med	
	EVE			Y	NO	NO	NO	NO	med	
MON										
1/4	MORN	Y			NO	NO	NO	NO	Med	Julia Ellsby
	DAY		N		NO	NO	NO	N	med	
	EVE			Y	NO	NO	NO	NO	med	
TUE										
1/5	MORN	Y			NO	NO	NO	NO	Med	B. Adams, COI
	DAY		N		NO	Refused	NO	NO	med	
	EVE			Y	NO	NO	NO	NO	med	
WED										
1/6	MORN	Y			NO	NO	NO	NO	Med	L. Patterson, COI
	DAY		N		NO	Refused	NO	NO	med	
	EVE			Y	NO	NO	NO	NO	med	
THUR										
1/7	MORN	Y			NO	NO	NO	NO	Med	C. Young, COI
	DAY		N		NO	NO	NO	N	med	
	EVE			Y	NO	NO	NO	NO	med	
FRI										
1/8	MORN	Y			NO	NO	NO	NO	Med	C. Young, COI
	DAY		N		NO	NO	NO	N	med	
	EVE			Y	NO	NO	NO	NO	med	
SAT										
1/9	MORN	Y			NO	NO	NO	NO	Med	E. Williams, COI
	DAY		N		NO	NO	NO	N	med	
	EVE			Y	NO	NO	NO	NO	med	
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit (5A)

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

VIOLATION

OR REASON:

DATE & TIME

RECEIVED:

PERTINENT

INFORMATION:

AIS NO:

ADMITTANCE

AUTHORIZED BY:

DATE & TIME

RELEASED:

CELL: #

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
1/1/05	MORN	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
MON										
2/1/05	MORN	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
TUE										
2/2/05	MORN	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
WED										
2/3/05	MORN	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
THUR										
2/4/05	MORN	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y	Y	N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
FRI										
2/5/05	MORN	N		N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y		N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
SAT										
2/6/05	MORN	N		N	N	N	N	N	Refused Meds	H. Ellis, COI
	DAY	Y		N	N	N	N	N	Refused Meds	H. Ellis, COI
	EVE			N	N	N	N	N	Ref. Tyland	H. Ellis, COI
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Exhibit 6A